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I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	01997/521003
Applicants	Rajesh Ranganathan, H. Robert Horvitz, and Stephen C. Cannon
Title	A NOVEL SEROTONIN-GATED ANION CHANNEL

PRIORITY INFORMATION:

This application is a continuation-in-part of and claims priority from United States patent application 09/559,622, filed April 27, 2000, which claims priority from U.S. Provisional Application Serial Number 60/131,149, filed April 27, 1999.

APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	50 pages
Claims	4 pages
Abstract	1 page
Drawing	23 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NUMBER] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [SERIAL NO.] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages

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IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710	\$710.00
Excess Claims Fee: 21 -20 x \$18/\$9	\$18.00
Excess Independent Claims Fee: 17 -3 x \$80/\$40	\$1120.00
Multiple Dependent Claims Fee: \$270/\$135	\$0
Total Fees:	\$1848.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1848.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<div style="display: flex; justify-content: space-between;"> <div> <u>Susan M. Michaud</u> Signature Susan M. Michaud Reg.No. 42,885 </div> <div> <u>November 21, 2000</u> Date </div> </div>	